



KS AuthentiCare Frequently Asked Questions (FAQs) Follow-up to KS AuthentiCare Launch Version 2, January 31, 2012

General Information:

- The KS AuthentiCare User Manual can help you research any system issues that you encounter because it fully explains all the functions you use in KS AuthentiCare. As with most documents of this type, searching by topic is often the first step.
<https://ext.fdgs.com/kansas/KSAuthentiCareUserManual.pdf>
- If you are unable to answer your question by using this manual, you can contact First Data Client Support services at 1-800-441-4667, Option 6 or clientsupport@firstdata.com for assistance.
- For questions regarding authorizations, the client's plan of care or policies of KDOA or SRS, contact KSAuthentiCare@aging.ks.gov.
- The letter to clients about KS AuthentiCare is posted at http://www.aging.ks.gov/HCBSPProvider/KS_AuthentiCare/KAC_Index.html. Spanish translations of the worker instructions, service and activity codes are also posted there.
- As a reminder, the December 16, 2012 FAQs are posted on the KDOA website at http://www.aging.ks.gov/HCBSPProvider/KS_AuthentiCare/KAC_Index.html. This set of FAQs (Version 2) will also be posted there for future reference.

General Questions:

1. I've heard that KS AuthentiCare is optional for HCBS providers. Is it?

Answer: No. KS AuthentiCare is required for use by specific Kansas HCBS providers as of January 16, 2012. This is noted in the client letter language and in Secretary Shawn Sullivan's letter to providers dated December 27, 2011.

2. How do providers enforce the IVR usage with workers?

Answer: Agencies have policies and procedures that cover compliance of staff, and FMS providers have a signed agreement between the worker and consumer and between the worker and the FMS provider to comply with all state regulations and policies. Not using the IVR for check-in/check-out is like not keeping a paper timesheet.



3. Why am I getting Duplicate Claims denials?

Answer: Claims are to be confirmed in AuthentiCare after the last check-in/check-out for the same client, with the same service code, on the same date. If not all claims for that client, on the same date, with the same service code, are not confirmed with the others, the missed claims will not export to HP with the others, thus creating a duplicate claim. For direction in correcting claims with denials other than TPL denials, see question 1 in General System Questions.

4. When does a Sleep Cycle Support (SCS) claim start?

Answer: The date of service (DOS) on a claim is set by the check in time. So for Sleep Cycle Support, when it overlaps midnight as it will much of the time, the DOS is the check in date.

5. Where do I find TPL information in KMAP?

Answer: Providers have access to TPL training material in the following places:

- The public website: <https://www.kmap-state-ks.us/Public/Workshop%20Schedule/Workshop%20Materials.asp>;
- The public website: FAQs at <https://www.kmap-state-ks.us/public/faq.asp>
- Professional billers would want to use New 835 Other Insurance/Medicare training packet – Professional dated 7/1/2011; and
- The drop down box on the KMAP Home Page: choose Third Party Liability for eight FAQs.

6. When the client lives with the worker, how is the time recorded by that worker and the other workers who enter the home to provide services?

Answer: Using the IVR. Each worker (live-in or not) will check-in and check-out utilizing the appropriate services and activity codes on the IVR each time they provide service.

7. When will PD and TBI Personal Services come on board with KS AuthentiCare?

Answer: The target date is February 1, 2012, but whatever date those services are implemented, there will be a soft go-live time period for providers to update client phone numbers on the client screen. Until these services are added to AuthentiCare, Personal



Services for the PD and TBI waivers will continue to be logged on a timesheet, and submitted directly into KMAP. You will be notified prior to this being changed.

Sleep Cycle Support for the PD and TBI waivers is required billing through AuthentiCare as of January 16, 2012. Those workers are required to utilize the IVR to record their clock-in/clock-out times.

8. How do we handle time spent in work away from the client's residence?

Answer: There are several options (listed in order of preference):

- Check-in/check-out using the consumer's cell phone if the consumer has one.
- Do the work outside the home and have the worker check-in/check-out when arriving at the client's home. The worker would need to contact the provider and report the amount of time worked outside the home so that the FMS provider could adjust the claim on the web to reflect the full time service was provided. Such a claim adjustment also requires the addition of a note on the claim.
- If the service is provided totally outside the home and the consumer does not have a cell, the time should be recorded on a paper timesheet and submitted to the FMS provider per their instruction.
- **NOTE** - The worker's cell phone is not to be utilized for AuthentiCare calls.

9. If a client has only a cell phone for their worker to use to call into the IVR system and the minutes run out during the month, then how does the worker record time and tasks?

Answer: They would do paper timesheets after the client's cell minutes have been exceeded, and enter data into the KS AuthentiCare web as there is no phone from which to make the IVR calls.

10. Can workers access AuthentiCare to see their own work for a specific time period?

Answer: No. Providers have access to the system, and providers can run reports specific to individual workers.

11. Who do I contact if my provider information in AuthentiCare is not correct?

Answer: Providers are to contact HP Provider Enrollment to correct their information in the AuthentiCare system. The data there comes from the KMAP system and can be changed only by HP.

12. Is there a place where I can see all the clients receiving services through my agency?

Answer: Use the Client Data Listing Report.



13. On the IVR usage, if workers are working for more than one provider in the client's home, will they have to hang up and call back with their worker ID issued to them by the other provider?

Answer: Yes. Their worker ID is unique to each provider agency for which they work.

14. What are the links to assistance in getting telephone service for Kansans?

Answer: The links are: www.lifelinesupport.org

www.assurancewireless.com

www.safelink.com

15. If the client's phone number does not match the number in AuthentiCare, can the worker check in to provide services?

Answer: No. The telephone numbers must match. Providers have the ability on the web to manage and revise client phone numbers. (Chapter 7 of the User Manual)

16. Will there be a new User Manual?

Answer: There will be an update to the KS AuthentiCare User Manual sometime in February or early March. Providers will be notified when it is posted.

17. What do I do when clients are hospitalized to stop workers from logging into AuthentiCare?

Answer: There are 2 options:

- Providers can remove the phone number on the client record, or
- If that is the only client for whom the worker provides service, providers can set that worker to suspend status until the consumer returns home. If the worker is suspended, the worker cannot check in at all. The IVR will tell the worker their worker ID is invalid.

18. I am a provider of adult day care services. How do I bill for time spent transporting the client to and from the day care?

Answer: Per policy, the service only covers the time the client is in the facility receiving adult day care. Travel time is not to be included in the time billed to HCBS.



General System Questions:

1. How do I handle claims *other than* TPL that denied in AuthentiCare?

Answer: Once an AuthentiCare claim has been confirmed and exported to KMAP, you cannot edit or delete the AuthentiCare claim. The way providers are supposed to handle this is:

- Go to KMAP and void the claim.
- Load 835 into AuthentiCare which shows claim as denied
- Enter new claim into AuthentiCare – once confirmed, it will be sent to KMAP to be paid and replace the previously voided claim.

Providers are not to make adjustments in KMAP any longer (except for TPL). All adjustments/claim billing should come through AuthentiCare.

2. How long is the time out on the AuthentiCare website?

Answer: The system times out after 20 minutes of no activity. As long as you are working in the system, you will not be timed out. That time is a security feature because the information in AuthentiCare is PHI.

3. A worker called the IVR system, and the IVR asked her if she was there to take care of a client who did not live there. When she told the IVR “no,” it asked if the worker was there for the client for whom she was supposed to be working. Why would the IVR do that?

Answer: When that happens, it means that the number she is calling from is represented as the number on a different client (whatever name she heard). So the number is either improperly put on this other client’s record (likely by another provider), or the worker was not calling from the right location.

4. In viewing reports, is there one that will print out the notes we’ve entered?

Answer: No, but when you pull a batch of claims, you are able to see the notes.

5. If you have multiple clients at the same address sharing the same phone number, what will be the IVR response when you call in on the authorized line?



Answer: It will read back each client for you to select (if you work for Bob Smith, press 1, if you work for Jamie Smith, press 2, if you work for Susan Williams, press 3, etc).

6. What is the order of preferred authorized numbers? Land Line, then Cell? Is there any problem with not using the primary phone number? Are all numbers listed for a client then associated with the client and are then authorized numbers?

Answer: You can enter any and all numbers that represent client location in whatever order you chose. When a worker calls from any of these numbers, the IVR will recognize the client. For instance, if they check-in by client cell when they pick them up in community, and then check-out at client's house by land line when they drop them off, that works fine. Yes, all numbers listed for a client are associated with the client, and are then authorized numbers.

7. How and where do I change clients' phone numbers once I get the client data on KS AuthentiCare?

Answer: To get to a client record, type the Medicaid ID or client name (last name, first name) in the entity search box. Partial searches work fine. This will take you to the Client Screen and you can update the phone number. Also keep in mind you can run the eligible client data listing report to see all your clients and the number(s) associated with each. (Chapter 7 of the User Manual)

8. How do I view authorizations and other data in AuthentiCare?

Answer: Use AuthentiCare reports. For authorizations, use the Authorizations report. For clients use the Eligible Client Data Listing report for clients and for your workers, use the Worker by Provider report.

9. We need assistance figuring out how to export the right report for our payroll.

Answer: Use the Claim Data Listing report. This is the only report where the external worker ID field is displayed. There is no sort on the report filter page itself, but once the report is generated you can easily sort by that column. This is the report that is specifically designed for integration into existing back office payroll systems.

10. When we load the 835, what information will we see for those claims that are not AuthentiCare claims?



Answer: AuthentiCare will show you all the non-AuthentiCare claims information contained on the 835. You can distinguish them from AuthentiCare claims because those non-AuthentiCare claims will not have an AuthentiCare claim number.

11. Why do my claims have the E1 critical exception?

Answer: The E1 code designates the claim as not matching the scheduling. If you do not utilize the scheduling feature in AuthentiCare, your claims will always have that exception. E1 is an informational code and does not prevent you confirming the claim for submission to KMAP.

12. Will providers be able to access the client record when the case is closed?

Answer: When the client's case closes, you will have access to that record for historical purposes just as you do now.

13. When providers run their Exception Report, and they look at their red dashboards, does the claim ever change from "pending check-in"?

Answer: That implies that the worker checked out but did not check in. You will need to correct the claim (enter the check-in time) on the web.

14. Where do providers input notes in AuthentiCare?

Answer: Many screens have a note field:

- If the note is client-specific, the note should go on the Client Record.
- If the note is worker-specific, the note should go on the Worker record.
- If the note is claim-specific, the note should go on that specific claim.

15. Is there a way to transfer the January schedules onto the next month, or do you have to input them all again?

Answer: That functionality does not currently exist. Schedules are entered per each authorization, in KS case – they are monthly. We've got an enhancement ticket to track "rolling" the schedules over – not ETA on that.